



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James L. Knighten et al. § Group Art Unit: 2839  
Serial No.: 09/881,464 §  
Filed: June 14, 2001 § Examiner: Neil Abrams  
For: Providing Shields To Reduce § Atty. Dkt. No.: 9793 (NCR.004SUS)  
Electromagnetic Interference From  
Connectors §

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

*Fee only*

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Applicant submits the references listed on the attached form PTO 1449, copies of which are enclosed. This statement is being filed after a first Office Action on the merits, but before receipt of a final Office Action or a Notice of Allowance. Please apply the late submission fee \$180.00 of §1.17(p) to Deposit Account No. 50-1673 (9793).

Respectfully submitted,

Date: Nov. 12, 2003

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Date of Deposit: <u>November 12, 2003</u>
I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.
Dawn L. Thomas

673 09881464

91 EC:1466 160.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

09881464

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	32		
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20 =		12
INDEPENDENT CLAIMS	4 minus 3 =		1
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY  
TYPE OR OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	216
X40=		OR X80=	80
+135=		OR +270=	—
TOTAL		OR TOTAL	1006

\* If the difference in column 1 is less than zero, enter "0" in column 2

7/6/04 **CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 37	= 4
Independent	• 6	Minus	*** 6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	72.00
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	72.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.